

Piney Grove Baptist Church

Preschool, Children and Student Ministry Registration

2017-2018

Student Information

Last Name First Name M.I.

Birth Date Gender

Entry Year Grade Completed in 2017

Current Residence Information

Street Address Street Address Line 2

City State Zip Code

Home Phone Number Cell Phone # Cell Phone #

Street Address Street Address Line 2

City State Zip Code Contact E-mail Address 1

Contact E-mail Address 2

Emergency Contact 1

Last Name First Name Contact Number Secondary Contact Number

Emergency Contact 2

Last Name	First Name	Contact Number	Secondary Contact Number
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Physician and Medical Information

Physician's Last Name	Physician's First Name
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Primary Phone Number	Preferred Hospital
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Insurance/Health Coverage (Company)	Policy Holder's Name	Group Policy #
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As the parent/guardian, I authorize the treatment by a qualified and licensed medical doctor or emergency responder of the following minor in the event of a medical emergency, which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority, is granted, only after a reasonable effort has been made to reach me. I also release Piney Grove Baptist Church and all of its ministries of any liabilities for any accident during any activities associated with the church. This release will be used during 2017-2018 for all Preschool, Children, and Students.

Name of Minor	Relationship to Minor	Parent /Guardian Signature
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Please list any of the following: Current medications, Medication allergies, Food allergies, Chronic health concerns.

Please inform the church of any other vital information you think they may need to know in the event of an emergency. Thank you.

Do you give permission for your child's photo to be taken for use in church newsletters, social media, newspapers, or the church website?

Yes

No

(The section below must be completed for anyone under the age of 18).

I give my consent for the student listed on this form to participate in scheduled Piney Grove Baptist Church preschool, children, or student events (including transportation). I understand that all responsible caution will be taken to prevent injuries, however I will not hold Piney Grove Baptist Church or its members liable in any way for any injury sustained. I agree, that if in the supervisors opinion, my child acts in an inappropriate manner, or in any way creates a situation that could endanger the other students or adults, I may be contacted to transport my child home.

I give my child permission to participate in Piney Grove Baptist Church "Children's Worship" or other church sponsored ministry activities. I understand that my child will not be dismissed to any unauthorized person(s). I also understand that Piney Grove Baptist Church will not be held liable for any damages or injuries which may be sustained.

Parent / Guardian Signature

Date

Person's authorized to pick up child

Relationship to Child

Person's authorized to pick up child

Relationship to Child

Please e-mail info@pineygrove.net for more information regarding this form. The information on this form will only be used in the protection of your child and the contents will not be released to anyone outside of PGBC.

1605 Mars Hill Rd. | Acworth GA | 30101